DATENT	ADDI ICATION D	CE DETERMAN	ATION RECORD
PAIENI	ΔΡΡΙΙΙΙΙΟΝ Ε	·FF {)F   FRMIN	ATION RECORD

Application or De	ocket Number
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		E	Effectiv	e Decemb	oer 29	, 1999						Effective December 29, 1999									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYP		ENTITY	OR	OTHER SMALL									
FC	OR		NUMBE	ER FILED	N	IUMBER	EXTRA	RAT		FEE	1	RATE	FEE								
BA	ASIC FEE	:						7		345.00	OR		690.00								
тс	OTAL CLAIMS		2	O minus 2				X\$ 9	)=		OR	1/4									
INDEPENDENT CLAIMS 5 minus 3 = *							X39			OR	X78=	156									
MULTIPLE DEPENDENT CLAIM PRESENT								+130	)		1		1-6								
* If	the difference	in colu	ımn 1 is	less than ze	∍ro, ent∉	er "0" in <i>c</i>	column 2	TOTA			OR OR		840								
	С	LAIM	S AS A	MENDED	) - PAI	RT II		• =	<b>`</b> I	<u> </u>	<b>]</b>	OTHER	THAN								
	Too kills and the second second		umn 1)	T 30000		umn 2)	(Column 3)	SMAI	LLE	ENTITY	OR	SMALL									
IENT A		REMA AF	AIMS AINING TER IDMENT		NUN PREV	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
<b>AMENDMENT</b>	Total	<u> -</u>		Minus	**		=	X\$ 9	= ]		OR	X\$18=									
AME	Independent FIRST PRESE	* ENTATIO	N OF MI	Minus	PENDEN	IT CLAIM	=	X39=	-		OR	X78=									
	FINOTTINESE	NIAIG	N OI III	Luru Dei	ENDLI	II ULAIIVI		+130:	= ]		OR	+260=									
								TOT ADDIT F			\\	TOTAL ADDIT. FEE									
			umn 1)			umn 2)	(Column 3)	ADDIT. F	Et L		,	ADDII. FEE									
AMENDMENT B		REMA AF	AIMS AINING TER IDMENT		NUN PREVI	MEST MBER /IOUSLY D FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
NDN:	Total	<u> </u> *	<u> </u>	Minus	**		=	X\$ 9=	=		OR	X\$18=									
AME	Independent FIRST PRESE	• ENTATIO	N OF MI	Minus ULTIPLE DEP	PENDEN	IT CLAIM	=	X39=			OR	X78 <u>=</u>									
			14 4.	70111 22 2 2		11 02		+130=	<u> </u>		OR	+260=									
i								TOT ADDIT. FI	AL EE		OR ,	TOTAL ADDIT. FEE									
			umn 1)			umn 2)	(Column 3)		_												
AMENDMENT C		REMA	AIMS AINING TER IDMEN:T		NUN PREVI	HEST MBER (IOUSLY D FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
NON	Total	*		Minus	**		=	X\$ 9=	= [		OR	X\$18=									
AME	Independent			Minus	***		=	X39=	7	_		X78=									
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEP	'ENDEN	IT CLAIM			$\dashv$		OR										
٠,	If the entry in colu	ımn 1 is le	ess than th	ne entry in colu	mn 2. wri	it≏ "0" in co	dumn 3	+130=			OR	+260=	(								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																					